West Side Gymnastics School

**923 West Genesee Street, Syracuse, NY 13204**

**315-423-6598**

**Student Application 2025-26 Please Print**

Students Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NY Zip Code\_\_\_\_\_\_\_\_\_\_Home Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents Cell - Mother\_\_ \_\_\_\_\_\_\_\_\_\_\_Cell – Father\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Number- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gymnasts DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Adress\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Classes Start September 3rd Wednesday**

**Registration Fee**

**September through August $50.00 (1 family Member)**

**$60.00 (2 family members) Third member free**

**Sports Waiver**

**A parent or guardian must sign the waiver for the student to participate**

**I Mrs. / Mr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Will hold West Side Gymnastics School of Camillus Inc. its employees, and equipment free from liability for any problems that occur during any activity West Side sponsors. I further understand that West Side Gymnastics School will abide by Gymnastics Industry Standards with all dealings with my child.**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class Day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Class Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***PLEASE ADD ANY MEDICAL CONCERNS ON THE BACK OF THIS FORM.***